

**NARCOTICS CONTROL ASSISTANCE GRANT PROGRAM
APPLICATION PACKET CHECK LIST**

HAVE YOU INCLUDED:

- ☐ The completed and signed Application for Funding form
- ☐ The Application Summary Report
- ☐ The completed Budget forms (as applicable)
- ☐ The Personnel Information form (if applicable)
- ☐ The typewritten narrative in the prescribed format
- ☐ The signed Certified Assurances form (all pages)
- ☐ The signed Certification of Cash Match
- ☐ The completed and signed Audit form
- ☐ The completed Report of Expenditures and Check Payee form
- ☐ The completed Offerer's Prior Experience Form
- ☐ The signed Confidential Funds Certification form (all pages – MJDTF only)
- ☐ The completed and signed Start-Up Request Funds form (MJDTF only)
- ☐ MOA for MJDTF
- ☐ Project Agency Organizational Chart

HAVE YOU:

- ☐ Double-checked your math?
- ☐ Included justification for each budget item in the narrative?
- ☐ Submitted one original and 7 copies for review?

APPLICATION DEADLINE:

Applications Must Be Received By The Missouri Department Of Public Safety, Office Of The Director, By 4:30 P.M. On March 14, 2003 To Be Considered For Funding.

Failure To Submit Your Application By The Deadline Will Result In The Application Being Denied.

**SUBMIT THE ORIGINAL AND 7 COPIES (8 TOTAL) OF THE APPLICATION
BY 4:30 P.M. March 14, 2003 TO:**

**Narcotics Control Assistance Program
Missouri Department of Public Safety
P.O. Box 749
Jefferson City, Missouri 65102**

***Street Address:*
301 W. High Street, Room 870**

FAXED APPLICATIONS WILL NOT BE ACCEPTED!